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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (For use with Form PTO/SB/06)							Application Number New Application		Filing Date Feb. 26, 2004			
							Applicant(s) Jeffrey R. Bury, et al.					
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1						51					
2		1					52					
3		1					53					
4		1					54					
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31		1					81					
32		2					82					
33	1						83					
34		1					84					
35		1					85					
36		1					86					
37		1					87					
38		1					88					
39		1					89					
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41		1					91					
42		1					92					
43		1					93					
44		1					94					
45		1					95					
46		1					96					
47		1					97					
48		1					98					
49		1					99					
50		1					100					
Total Indep	3		0		0		Total Indep					
Total Depend	48		0		0		Total Depend					
Total Claims		51		0		0	Total Claims					

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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.	3					
TOTAL DEP.	48					
TOTAL CLAIMS	51					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						